

# Foster Family Home - Corrective Action Report

Provider ID: 1-090002

Home Name: Melody Yasay, CNA

Review ID: 1-090002-9

1303 Wawe Place

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 7/6/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.

Compliance Manager

Primary Care Giver

Date

Date